



Kidney Health Care Program

Access Surgery Quick Sheet



Benefit Explanation

Access surgery typically occurs before the patient is approved for Medicare or the Kidney Health Care Program (KHC). However, a KHC client's benefits for access surgery are retroactive and can be paid if the surgery happens:

- 180 days or less prior to the client's KHC effective date, and
- on or after the date the client became a Texas resident according to KHC's records.

Filing Deadlines

Existing KHC providers can file claims for access surgery as soon as the patient finds out that he or she can get the KHC medical benefit. KHC must receive the claims by the later of:

- 95 days from the last day of the month in which services were provided; or
- 60 days from the date on the KHC notice of eligibility for newly approved clients.

Newly approved KHC providers must ensure that KHC receives their claims:

- 60 days from the date on the agreement approval letter, and
- not later than 180 days from the date of service.

Benefits and Rates

KHC has specific benefits it can pay contracted providers for services related to access surgery, including re-access and de-clotting procedure codes. The maximum rates for each provider type appear in the tables below and on page 2.

Maximum Rates for Provider Types	Rate
Ambulatory Surgical Center	Billed amount, up to a maximum of \$2,050.
Hospital	(\$4,100 or the billed amount, whichever is less) X (the RCC rate on file) + \$130.69 per dialysis treatment
Surgeon	See page 2 for the list of allowable procedures and rates. Rates vary depending on Medicaid rates at the time the procedure was added to the list.
Assistant Surgeon	25% of surgeon's rate.
Anesthesiologist or CRNA	\$290.00 flat rate.

For more information about KHC benefits, please call: 1-800-222-3986, fax: 512-776-7162, e-mail: kidneynet@dshs.state.tx.us, or write to:

Kidney Health Care
Purchased Health Services Unit, MC 1938
Texas Department of State Health Services
P O Box 149347
Austin, TX 78714-9347

Allowable KHC Access Surgery Procedure Codes and Rates

Codes G0365–36561		Codes 36563–36819		Codes 36820–49429	
CPT Code	Rate	CPT Code	Rate	CPT Code	Rate
G0365	\$152.99	36565	\$259.47	36820	\$632.66
*00532	\$290.00	36566	\$278.38	36821	\$515.80
*00840	\$290.00	36568	\$162.40	36825	\$686.50
*01840	\$290.00	36569	\$75.61	36830	\$652.12
*01844	\$290.00	36570	\$233.70	36831	\$353.70
34471	\$379.13	36571	\$235.99	36832	\$582.82
34490	\$440.50	36575	\$225.11	36833	\$510.65
35188	\$655.44	36576	\$284.68	36834	\$537.85
35190	\$697.72	36578	\$225.11	36838	\$944.25
35321	\$768.36	36580	\$162.40	36860	\$151.22
35460	\$285.85	36581	\$225.11	36861	\$254.04
35475	\$448.96	36582	\$284.68	36870	\$1,037.62
35476	\$285.85	36583	\$225.11	37201	\$404.10
35761	\$330.03	36584	\$75.61	37205	\$406.69
35860	\$346.83	36585	\$284.68	37206	\$203.06
35903	\$500.34	36589	\$131.74	37207	\$406.69
36005	\$42.92	36590	\$161.53	37208	\$203.06
36010	\$146.07	36595	\$675.33	37607	\$289.83
36147	\$174.70	36596	\$148.64	49324	\$267.30
36217	\$317.90	36597	\$105.68	49420	\$120.86
36555	\$162.40	36598	\$40.10	49421	\$296.71
36556	\$93.08	36800	\$148.64	49422	\$309.59
36557	\$226.82	36810	\$288.12	49425	\$617.76
36558	\$226.54	36815	\$199.66	49426	\$461.36
36560	\$267.78	36818	\$556.47	49428	\$305.58
36561	\$261.19	36819	\$635.81	49429	\$327.06
36563	\$321.34				

* For anesthesiology services

Rates are effective January 1, 2012